

TO THE ZONING ADMINISTRATOR:

1. The undersigned hereby petitions the Planning Commission and/or Board of Supervisors for approval of the following (check appropriate box):

- | | |
|---|--|
| <input type="checkbox"/> Rezoning from _____ to _____ | <input type="checkbox"/> Subdivision – Regular Preliminary |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Subdivision – Regular Final |
| <input type="checkbox"/> Site Plan – Preliminary (Optional) | <input type="checkbox"/> Site Plan - Minor |
| <input type="checkbox"/> Site Plan – Final | <input type="checkbox"/> Site Plan - Major |
| <input type="checkbox"/> Amend text of Zoning Ordinance | <input type="checkbox"/> Other - _____ |

Pursuant to Article _____, Section _____ of the Nelson County Zoning Ordinance.
Pursuant to Section _____, Subsection _____ of the Nelson County Subdivision Ordinance.

Reason(s) for request: _____

2. Applicant(s) and Property Owner(s): (Please print names of applicants and property owners and indicate applicable title. If applicant is not the property owner, show relationship, i.e. lessee, contract purchaser, etc.)

☐ Applicant ☐ Property Owner Name: _____

Address: _____

Tel. No.: _____ Cell No. _____ E-mail addr. _____

Relationship (if applicable): _____

☐ Applicant ☐ Property Owner Name: _____

Address: _____

Tel. No.: _____ Cell No. _____ E-mail addr. _____

Relationship (if applicable): _____

☐ Applicant ☐ Property Owner Name: _____

Address: _____

Tel. No.: _____ Cell No. _____ E-mail addr. _____

Relationship (if applicable): _____

☐ Applicant ☐ Property Owner Name: _____

Address: _____

Tel. No.: _____ Cell. No. _____ E-mail addr. _____

Relationship (if applicable): _____

(Use reverse if more space is needed.)

3. Location and Characteristics of Property:

a. Address of property including specific location, route numbers, street names, direction (NSEW), Magisterial District, etc.: _____

Official tax map number: _____

b. Acreage of property: _____

c. Present use: _____

d. Present zoning classification: _____

e. Zoning classification of surrounding properties: _____

(Continued on reverse.)

4. **Names of Adjacent Property Owners:** _____

5. **Affidavit:** The undersigned applicant(s) and/or property owner(s) certifies that this application and the foregoing answers, statements, and other information herewith submitted are, in all respects, true and correct to the best of their knowledge and belief. Also, the applicant(s) and/or property owner(s) gives permission for members of the Planning Commission, Board of Supervisors, and County Staff to visit and view the subject property.

Signature: _____

Signature: _____

Signature: _____

Signature: _____

6. **Additional information:** _____

7. **Please note:** In the event of cancellation or postponement **at your request** after the initial newspaper advertisement for this application, an additional fee will apply for re-advertisement. The fee will be based on the actual cost of the ad, and will not apply in cases of Planning Commission or Board of Supervisor deferments.

*******TO BE COMPLETED BY PLANNING & ZONING OFFICE*******

Completed application and fee (\$ _____) received on _____.

Hearing Notice published on _____.

Planning Commission action: Date of Hearing: _____.

Recommendation: _____

Board of Supervisor action: Date of Hearing: _____

Date of Decision: _____

Action: _____

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